



ESCONDIDO GIRLS SOFTBALL LEAGUE

P.O. BOX 1208 ☉ ESCONDIDO, CALIFORNIA 92033

PAYMENT OR REIMBURSEMENT REQUEST FROM TEAM ACCOUNT

TEAM NAME

DIVISION

COACH

PAYMENT FOR

PAYEE NAME

PAYEE ADDRESS

TOTAL AMOUNT REQUESTED

\$

RECEIPTS OR INVOICES MUST BE ATTACHED OR PAYMENT WILL NOT BE ISSUED.

SUBMITTED BY (sign and print name)

EMAIL AND PHONE NUMBER

By Typing name you are electronically agreeing

APPROVED BY (coach signature)

DATE

BOARD USE ONLY

Disbursement issued:

Verified and Issued by: